# PTL - WZ - Home Support Requests

\*\*\* Note: No case manager / csp coordinator will be noted in Western – unless the patient already had an agency.

## 🤹️ Actions to Follow:

* Hit "Send" under Plan Summary
* Go to Prod Folder to obtain documentation
* Obtain the partially completed EAN form
  + Update section related to hours in the format of: " #hours /day, #days /week"
  + Update section related to "Agency/Bookkeeper" to say " To be coordinated by DischargeHUB"
* Email the updated EAN form to the referring Social Worker
  + Once the Social Worker has updated, they will copy [dischargeHUB@nlhealthservices.ca](mailto:dischargeHUB@nlhealthservices.ca) on their email to [csrequests@nlhealthservices.ca](mailto:csrequests@nlhealthservices.ca)
* PTL to send out **Template A/B/C** - based on requirement of referral
* Update portal to reflect when initial outreach was made
  + " - date + time + initials
* If no response from agencies within a 2-hour window - begin calling - random order
* When an agency has been found - two possible scenarios for next steps
  + Agency found ***before***\* \*the approval returned:
    - PTL emails the name of the agency to: [WZ-HomeFirst@nlhealthservices.ca](mailto:WZ-HomeFirst@nlhealthservices.ca); \*\*[csrequests@nlhealthservices.ca](mailto:csrequests@nlhealthservices.ca) \*\*+ cc the **referring social worker**
  + Agency found ***after***\* \*the approval returned:
    - PTL emails the name of the agency to: [WZ-HomeFirst@nlhealthservices.ca](mailto:WZ-HomeFirst@nlhealthservices.ca); \*\*[csapprovals@nlhealthservices.ca](mailto:csapprovals@nlhealthservices.ca) \*\*+ cc the **referring social worker**
* To proceed to the next steps, we do need to confirm that the approval of hours + schedule has happened - this will come via email.
* When hours + schedule approval is received, proceed with the next steps:
  + email **Template D** (unblinded patient details) to secured agency;
  + email **Template E** (agency secured notification) replying all to initial outreach;
  + email **Template F** (Patient Care Information Package) to Social Worker to print for patient / family.
* PTL monitor inbox for any changes of discharge date and liaise between parties related to discharge
* PTL follow-up to confirm patient is to be discharged on anticipated discharge date
* Once patient has been discharged:
  + PTL to send Template G (Discharge Notification) to secured Agency
  + PTL to send Template L (Discharge Notification) to community
    - [WZ-HomeFirst@nlhealthservices.ca](mailto:WZ-HomeFirst@nlhealthservices.ca);
    - [WZ-CSPintake@nlhealthservices.ca](mailto:WZ-CSPintake@nlhealthservices.ca)\*\* \*\*\*\*+ \*\*\*\*Social Worker \*\*who entered the referral and or the assigned person for the referral.